

CHAPTER 2: COMMUNITY-BASED EVALUATIONS

Successful community-based evaluations result from respectful partnerships between all of the stakeholders. “Community-based” means that the evaluation process is driven by the community at all stages of the process. This is reflected in the *CENTERED* Project’s core principles.

THE *CENTERED* PROJECT’S PRINCIPLES FOR EVALUATION OF COMMUNITY-BASED PUBLIC HEALTH PROGRAMS

1. Community-Based Public Health (CBPH) program evaluations need to be tailored to reflect and respect the complexities and unique circumstances of the target community.
2. Good relationships must be established between community partners and CBPH program evaluators before any evaluation planning or work actually begins.
3. CBPH partners should be culturally competent relevant to the target community.
4. The target community should help to define indicators of success in culturally relevant terms.
5. The target community should help to determine the measurement and scaling of evaluation indicators so the evaluation findings are practical, useful, and easily understood by all CBPH partners.
6. Community-Based Organizations (CBOs) should assess, respect and build into each evaluation the community perceptions regarding sources of racism and the impacts racism may have on health disparities within their community.
7. CBOs should assess whether the evaluation process has helped to increase its own (and the community’s) capacity to plan and conduct evaluations in the future.
8. CBOs should involve community partners in all stages of the evaluation process, including planning, implementation, data analysis, and reporting of findings.

CENTERED’s CBPH Program Evaluation Principles emphasize the interests and values of both the CBO (whose CBPH program is to be evaluated) and the community served. It provides community partners with mechanisms for expressing their evaluation interests and priority questions early enough in the planning process to assure their incorporation. This “participatory evaluation” process emphasizes the importance of empowering the

community in the process. Outside evaluators (those contracted by the sponsor independent of community interests) should not drive the process, but rather facilitate the processes that identify the community's interests and incorporate them into the evaluation.

Building Your Evaluation Team

How much your CBPH program benefits from evaluations will depend upon how active you and your partners are in the evaluation planning and implementation processes. It is, therefore, important that the person assigned to lead the program evaluation team be fully committed to the task and to advocate for the community's interests. Selecting the right team leader and organizing an evaluation team that includes the diverse interests of the community and other stakeholders is critical to the success of the evaluation effort.

Some evaluations can be carried out most effectively by internal evaluators (e.g. your CBO or program staff). Of course they have to have the technical skills and experience sufficient to do this with high credibility. This is the ultimate goal for CBOs as it allows implementation of their own periodic evaluations according to their own timeframes and needs. It enables the CBO to produce timely inputs to program management regarding: program resource utilization; problem identification and resolution; program progress; impact effectiveness; and, cost efficiency.

However, for most CBOs the evaluations are usually carried out by a diverse, hybrid evaluation team that includes internal program staff and an outside evaluator who is expected to provide the technical skills and/or evaluation experience that the program staff may lack. Community partners should be strongly encouraged to become a part of the evaluation team member "mixture" to strengthen the evaluation process.

Finally, some CBOs have to rely on an outside evaluator to perform their evaluations who may or may not know the community well. This is why this is the least desirable evaluation strategy. If you have no option but to use an outside evaluator, try to negotiate for one who has well documented CBPH program evaluation experience within the same or similar communities.

When building your evaluation team, keep the following in mind:

- Your evaluation goals;
- Your funding situation;
- Stakeholder evaluation requirements;
- Your internal experience and limitations relative to having the ability to plan and carry out the evaluation on your own;
- Staff availability to contribute their knowledge and experience to the process;
- The time available to complete the evaluation; and (when needed),
- The availability of an outside evaluator who is acceptable to all stakeholders.

Your staff and stakeholders have many assets to bring to the table, as do carefully chosen outside evaluators. The challenge is to craft relationships between the various team

members that respect your program's and your community's values and goals, and that use everyone's skills and experiences to optimize the processes outcomes.

Recruiting And Keeping Community Partners

The successful elimination of racial and ethnic health disparities requires valuing and respect of the community's interests. This can best be accomplished by assuring involvement of the diversity of community perspectives in all stages of decision-making.

Communities-of-color have long been the subject of scientific research for advancing "science", but all too often those communities have benefited little for their having cooperated with such efforts. At the same time, the researchers enhance their reputations through the knowledge and understanding that they developed about those communities. The movement to community-based participatory research grew out of the expectation of community members that they be included as equal partners in such research.

Involving community partners in all stages of your program planning and evaluation will help assure that your program is truly "community based" – that is, truly driven by community interests at all stages. Community members most impacted by health disparities, or who are in a position to support your efforts to eliminate them, are needed to contribute their viewpoints for use in guiding your efforts.

As you recruit community partners, consider the value each will add. Having a diverse set of view points is important if you expect to win and keep community support and to be effective in addressing the full range of community needs. This valuing of community perspectives must be effectively conveyed to potential partners, so they can appreciate that their views will be heard and respected.

Because people have other demands upon their time, you need to respect their time and value their involvement. The following can help build respect and trust:

- Hold meetings at times and places convenient for your partners;
- Offer either a stipend or reimburse reasonable expenses;
- Communicate in a manner that partners can easily understand;
- Craft the program to assure that partner interests are addressed;
- Empower partners in decision making; and,
- Conduct business in a fair and open manner, and share program reports.

Communities-of-color have not usually been empowered in program planning and evaluation processes, so it is important that a purposeful effort be made to demonstrate your credibility in this regard. As you build your relationships, your community partners will be able to facilitate the involvement of other potential partners with additional perspectives. If they do this, you need to recognize them publicly for these important contributions. Remember, your partners have placed their reputations with the community on-the-line on your behalf, so you need to let them know how much you appreciate their support. Community support is essential for long-term program sustainability.

Who Are Your Other Stakeholders?

Stakeholders are those [persons or agencies] who care about your program, have a vested interest in the program's progress and outcomes, or may be significantly affected by the program. Stakeholders include those who are in a position to do something with the program evaluation's results, so they need to be involved to be sure that their interests are met. Remember, it is in your interest to engage community partners and to assure that they are empowered to participate actively in the evaluation process.

Participatory Evaluations

Participatory evaluations are new to many, and will need to win new allies from among those who have worked only within the more traditional evaluation framework. Many are uncomfortable with the added complexity of a participatory process. They may even see participatory evaluation as an unwise involvement of non-technical persons into a technically based process for achieving "scientific rigor".

While the desire to achieve scientific rigor sounds reasonable, remember that racial and ethnic disparities in health in the United States have remained chronic, large, and generally unchanging since slavery (Byrd & Clayton, 2000). Over this long period, efforts to address the disparities have been notably unsuccessful. Byrd and Clayton point out, that "... the willing acceptance of [these] starkly different indicators of 'normal' health status for blacks and whites..." has enabled the problem to continue unabated.

Participatory evaluations seek to actively empower community partners from disparities-impacted communities. This is essential if the historical distrust that exists between communities-of-color and white communities, white-dominated healthcare agencies, and research institutions is to be overcome. The following story illustrates that there are other, much deeper, issues that involve Western concepts of research and evaluation that often contrast with the world views and culture of many communities-of-color.

"Cultural Concerns Regarding Contaminants In Alaskan Local Foods"*

The scientific community works to compartmentalize the world in an attempt to study its various pieces and how they work. They report on a level of a contaminant in a tissue of an animal. They understand from their experiments that the level of one factor may change, and at some point ... there is impact on the normal functioning of the biological system. They work to understand the most frequent occurrences and to define rules that will apply to most cases.

In contrast, the Native community historically has observed the local ecosystem and its patterns in order to understand specific events. They have passed on through their oral histories and practices the information needed for daily survival. They understand from their observations that large cycles and patterns exist with people as part of an undivided whole and that if any part is contaminated, then the entire system is out of balance. Their knowledge is that of experience and addressing survival of all cases.

The communication of low levels of contamination, without an understanding of what local foods mean to Alaskan Natives and their belief of the interconnectedness of all things, is quite a different message than it would be for those who view the world in units and never see that part of the animal on their grocery shelf.

Communication across cultural precepts is frustrating to those scientists who state, for example, that people should just avoid eating kidneys if the cadmium levels have been shown to be elevated. However, from the Native perspective, if the kidneys contain “too much” cadmium, it does not matter where it came from; if the scientists are concerned and reported it, then the entire animal has “too much” cadmium.

* (Source: Hild CM, 1996)

This example illustrates the clash in cultural concepts that occurred when Western scientists attempted to resolve a potential health issue caused by environmental pollutants coming from other parts of the world and contaminated the food of Alaskan Natives. The solutions that the “Western” scientists came up with did not fit the Alaskan culture. Alaskan Natives would not choose to harvest younger animals because they need the hides and tusks of larger adult animals; eating younger animals requires more hunting effort and increased risk; and, hunting younger animals would more easily deplete the stock. Clearly, there was a clash between two very different world views.

Efforts to eliminate health disparities in traditional communities must engage the community to learn the cultural contexts in which health disparities have developed. It is essential that community interests be identified, heard, and valued; and, the community be empowered to participate in crafting culturally appropriate and community acceptable solutions to the problems. The evaluator must recognize the cultural differences; that there are different rules, expectations, goals and objectives; and, then enable a participatory evaluation planning process that respects and values the community’s interests and produces an evaluation tailored to incorporate the community’s needs. This is essential for building trust between the community, the program, and the other stakeholders.

Engaging And Empowering Community Partners Through Consensus Mapping

One method for engaging and empowering community partners to assure that their perspectives are heard regarding health disparities and what they feel needs to be done to eliminate them, is the “consensus mapping” process. This process involves the development of a set of 5 illustrative program maps that fairly describes the community context in which health disparities have developed and will be addressed by the program.

Consensus Mapping Process — Five Map Sequence → Set:

1. *The Big Picture Map:* This map addresses what the community feels are the causes of health disparities and those factors that contribute to them. This is the product of “qualitative” discussions and revisions, and in its finished form, fairly reflects the views of the committee as a whole.
2. *The Community Assets Map:* This map identifies all relevant community and other assets (resources) available for addressing the elimination of health disparities within the community.
3. *The Solutions Map:* This map reflects the shared thoughts regarding how the community assets might be used to address the elimination of health disparities and those factors that contribute to them. The map strives to show how the aligning and building of assets forms the core framework for the program.
4. *The Program Activities Map:* This map describes how program staff put into practice the vision illustrated in the “Solutions” map. Illustrated/described on the map are the key activities of the program.
5. *The Making A Difference Map:* This map illustrates the short-, medium-, and long-term indicators (objectives leading to program goals) that they will need to monitor to determine if the program is succeeding. The map includes the sources of credible information that are to be used to measure program success relative to each indicator.

Consensus mapping is a valuable tool for engaging and empowering community stakeholders to consider the causes of racial and ethnic disparities in health within their own community, and to help craft possible solutions. Remember, if it is to be effective, the consensus mapping process must not only identify community perspectives, but assure that those perspectives are respected and valued as the stakeholders work towards consensus regarding in the program planning and evaluation processes. When done well, this process will help to establish the program’s trustworthiness with the community. The ultimate test of the success of this effort will be having achieved long-term sustainable community support for the program’s health disparity elimination efforts.